

HOUSE BILL 3131
By Briley

AN ACT to amend Tennessee Code Annotated, Title 63, Chapter 6
and Title 63, Chapter 9.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-6-214(b), is amended by adding a
new item (22), as follows:

(22)

(A) Except as otherwise permitted in this subdivision, charging, billing, or
otherwise soliciting payment, either directly or indirectly, individually, or through
any entity (including, but not limited to, ambulatory surgery centers or endoscopy
centers) in which the physician is a shareholder, partner, member, or employee,
for anatomic pathology services or cytology services, unless such services were
rendered personally by the medical doctor or under the medical doctor's direct
supervision.

(B) A person who is licensed in this state to practice medicine and who is
qualified as a specialist in pathology or any entity in which the pathologist
practices, as a shareholder, partner, member, employee, or otherwise, shall only
submit a bill for anatomic pathology services or cytology services to:

- (i) The patient directly;
- (ii) The responsible insurer or other third-party payor;
- (iii) The hospital, public health clinic, or non-profit clinic; or
- (iv) The referral laboratory, or the primary laboratory.

(C) No patient, insurer, third-party payor, hospital, public health clinic, or
non-profit health clinic shall be required to reimburse the practitioners
enumerated above for charges or claims submitted in violation of this section.

(D) The provisions of this part shall not prohibit billing between pathologists and pathology laboratories for anatomic pathology services or cytology services in instances where a sample or samples must be sent to another laboratory or specialist.

SECTION 2. Tennessee Code Annotated, Section 63-9-111(b), is amended by adding a new item (22), as follows:

(22)

(A) Except as otherwise permitted in this subdivision, charging, billing, or otherwise soliciting payment, either directly or indirectly, individually or through any entity (including, but not limited to, ambulatory surgery centers or endoscopy centers) in which the physician is a shareholder, partner, member, or employee, for anatomic pathology services or cytology services, unless such services were rendered personally by the osteopath or under the osteopath's direct supervision.

(B) A person who is licensed in this state to practice osteopathy and who is qualified as a specialist in pathology or any entity in which the pathologist practices, as a shareholder, partner, member, employee, or otherwise, shall only submit a bill for anatomic pathology services or cytology services to:

- (i) The patient directly;
- (ii) The responsible insurer or other third-party payor;
- (iii) The hospital, public health clinic, or non-profit clinic; or
- (iv) The referral laboratory, or the primary laboratory.

(C) No patient, insurer, third-party payor, hospital, public health clinic, or non-profit health clinic shall be required to reimburse the practitioners enumerated above for charges or claims submitted in violation of this section.

(D) The provision of this part shall not prohibit billing between pathologists and pathology laboratories for anatomic pathology services or cytology services in instances where a sample or samples must be sent to another laboratory or specialist.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring
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